

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 197600217
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		✓			
2		1		1		
3		1				
4		1				
5		1				
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7	1		1			
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TOTAL IND.	2		2			
TOTAL DEP.	11		11			
TOTAL CLAIMS	13		13			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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